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# **EXTENDED CARE BENEFITS**

## **AFTER HOSPITALIZATION**

under the  
**MEDICARE PROGRAM**

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## **EXTENDED CARE BENEFITS UNDER THE MEDICARE PROGRAM**

Benefits for extended care services after hospitalization are included in the hospital insurance program under medicare. Everyone 65 and over whose health insurance card shows entitlement to hospital insurance benefits is eligible for this benefit. However, the services are covered only when they are provided by an extended care facility which has met the standards for participation in the medicare program.

### **WHAT IS EXTENDED CARE?**

Extended care is care in a special kind of nursing facility. It is not the kind of custodial care which many nursing homes provide; nor is it long-term care. Instead, it is relatively short-term skilled care for the recently hospitalized patient who continues to need full-time skilled nursing care.

### **WHAT IS THE IDEA BEHIND THESE BENEFITS?**

The idea is that at some time during a hospital stay many patients no longer need the intensive care which the hospital provides, but they still need continuous skilled nursing care for a time. This kind of care can be provided just as effectively, and at less cost, in a high-quality extended care facility. This is what the extended care benefit under the medicare program is designed for.

There is, of course, also great need for good custodial care and for residential homes for the relatively able-bodied, but the extended care benefit under medicare is not meant for that type of care, important as it is.

## **COVERED**

- Room and board in a semiprivate room (2 to 4 beds). (A private room is covered if medically necessary.)
- Physical, occupational, or speech therapy.
- Nursing services, except private duty nursing.
- Drugs, biologicals, supplies, appliances, and equipment usually furnished to patients by the extended care facility.
- Medical social services.
- Other services necessary to the health of the patient which are ordinarily furnished by extended care facilities.
- Services of interns and residents-in-training of a teaching hospital which has a transfer agreement with the extended care facility.

## **NOT COVERED**

- Physicians' services are not covered by medicare hospital insurance. (However, if you enrolled for voluntary medical insurance, it covers physicians' services.)
- Services in a facility which is operated primarily for the treatment of mental illness or tuberculosis.
- Private duty nursing.
- Personal comfort or convenience items.
- Private room, unless medically necessary. (If the patient is in a private room at his own request, he will pay the difference between the private and semiprivate rates.)
- Any services which would not be covered as an inpatient hospital service.



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### WHAT IS AN EXTENDED CARE FACILITY?

It is a special kind of nursing home, or a special part of a hospital or other institution, that provides the continuous skilled nursing care and other health services that are often needed following the acute phase of an illness that required hospitalization.

To be approved for participation in medicare as an extended care facility, each institution must meet special requirements of the law, such as round-the-clock skilled nursing care, medical supervision of each patient, and an arrangement with a hospital for appropriate transfer of patients. In addition, each approved facility agrees to comply with Title VI of the Civil Rights Act which prohibits discrimination based on race, color, or national origin.

Your doctor will know about extended care facilities in your area, and he will decide if you need extended care services following hospitalization.

### WHAT MEDICARE PAYS

When a medicare beneficiary is admitted to a participating extended care facility for further treatment of a condition for which he was hospitalized, the hospital insurance program helps to pay the bill. Medicare pays the full costs of covered services furnished by a participating extended care facility for the first 20 days and all but \$5 a day for 80 additional days in each "spell of illness."<sup>1</sup>

<sup>1</sup> A "spell of illness" is a period of time during which benefits are payable for inpatient hospital services and extended care services. It does not refer to any particular illness a patient may have, nor does it refer to a single stay in a hospital or extended care facility. A patient's first "spell of illness" begins on the first day after June 30, 1966, that he receives covered

Within each "spell of illness," hospital insurance covers up to 90 days of hospital care and 100 days of extended care services.

### UNDER WHAT CONDITIONS ARE EXTENDED CARE BENEFITS PAYABLE?

Your hospital insurance will provide extended care benefits for you if:

- You are hospitalized for a minimum of 3 consecutive days and are discharged after June 30, 1966;
- You are admitted, on a doctor's order, to the extended care facility within 14 days from the date of your hospital discharge;
- Your admittance to the extended care facility is for further treatment of a condition for which you were hospitalized; and
- The extended care facility is approved for participation in the medicare program.

If you are admitted to a nursing home or other facility for custodial or personal care and not primarily for further treatment of the condition for which you were hospitalized, extended care benefits under medicare are *NOT* payable. This is so whether or not the institution is a medicare-approved extended care facility.

### WHAT EXTENDED CARE SERVICES ARE COVERED?

The following list shows the kind of services you may receive that are covered and some that are not covered.

Inpatient hospital or extended care services. It ends when the patient has not been in any hospital or extended care facility for 60 consecutive days. Then a new "spell of illness" can begin the next time the patient receives covered inpatient hospital or extended care services.

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- Any services which would not be covered as an inpatient hospital service.

## HOW EXTENDED CARE BENEFITS ARE PAID

The extended care facility completes and sends the claims form to the organization chosen by the Government to pay these claims. Any payment due is made to the extended care facility, not to you.

If you receive extended care services covered under medicare, show your health insurance card when you are admitted to the extended care facility. You will also be asked to sign the special medicare claims form which the facility uses to get paid for services provided to you.

## QUESTIONS AND ANSWERS ABOUT EXTENDED CARE BENEFITS

*Question: If a person has been receiving only personal or general care in a nursing home, could such care be paid for as extended care benefits if he goes to a hospital for a 3-day stay?*

*Answer:* No. Extended care benefits are not intended for people who need only personal or general institutional care. Extended care benefits in a participating facility were included in the law to provide an alternative to further hospital care for patients who still need skilled nursing care but not all the other services hospitals provide. Transfer to an extended care facility, in these cases, helps keep hospital beds available for those who need the more intensive type of care which hospitals provide.

*Question: When a medicare beneficiary uses up the entire 100 days of extended care benefits, can he ever qualify for these benefits again?*

*Answer:* Yes, but only if, for 60 consecutive days, the beneficiary is not a patient in a hospital or other institution that provides skilled nursing care. This would end his spell of illness. He would then be eligible again for up to 100 days of extended care benefits in the next spell of illness if he had to be hospitalized again for at least a 3-day period.

*Question: Will medicare continue to pay for extended care services if the patient contracts a new illness while in the extended care facility? In other words, does medicare pay if the patient has to stay longer, not for treatment of the condition which required hospitalization, but for the new condition?*

*Answer:* Yes, provided the new condition arose while he was still being treated for the condition for which he was originally hospitalized. Extended care benefits would be payable—as long as the services are medically necessary—for up to the maximum of 100 days in that spell of illness.

*Question: If a patient is transferred from a hospital to a participating extended care facility, qualifies for extended care benefits, but then needs to go back to the hospital, will medicare still pay the hospital bill?*

*Answer:* Yes, if the beneficiary has not already used up his 90 days of hospital benefits in that spell of illness.



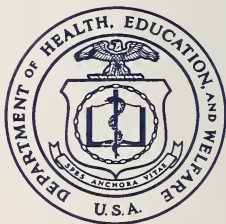
## FOR FURTHER INFORMATION

For further information about extended care coverage under medicare, see *Your Medicare Handbook* which you received after signing up for medicare. And, if you can't find the answers to your questions there, write, telephone, or visit your social security office. Someone there will be glad to help you.

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OASI-890

APRIL 1967

U. S. GOVERNMENT PRINTING OFFICE : 1967 O - 261-554

For sale by the Superintendent of Documents, U.S. Government  
Printing Office, Washington, D.C., 20402 - Price 5 cents; \$3.50 per 100